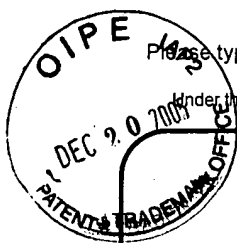


12-22-05

1FW



Please type a plus sign (+) inside this box → ☒

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

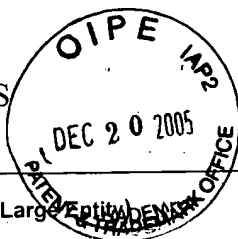
<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	<b>Application Number</b>	10/772,858	
	<b>Filing Date</b>	February 4, 2004	
	<b>First Named Inventor</b>	Syed F.A. Hossainy	
	<b>Group Art Unit</b>	1734	
	<b>Examiner Name</b>	Erma C. Cameron	
<b>Total Number of Pages in This Submission (excluding references)</b>	11	<b>Attorney Docket Number</b>	50623.370

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Postage Paid Return Postcard	<input type="checkbox"/> Drawing(s) In/Formal ___ Sheets with Submission of Drawings Transmittal	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response (7 pages)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Amendment Transmittal Letter (1 page) (in duplicate)	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Petition for Extension of Time (___ months) (in duplicate)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement (in duplicate) with Form PTO-1449	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Express Mail Label No. EV 721156775 US	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<b>Remarks</b>	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
<b>Firm or Individual name</b>	Squire, Sanders & Dempsey L.L.P. Angie M. Augustus, Reg. No. 51,421
<b>Signature</b>	
<b>Date</b>	December 20, 2005

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
<b>Typed or printed name</b>	Mary M. Padilla		
<b>Signature</b>		<b>Date</b>	December 20, 2005

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**AMENDMENT TRANSMITTAL LETTER** (Large Print)

Applicant(s): Syed F.A. Hossainy

Docket No.

**50623.370**

Serial No.

**10/772,858**

Filing Date

**February 4, 2004**

Examiner

**Erma C. Cameron**

Group Art Unit

**1762**

Invention:

Method of Coating Implantable Medical Devices

**TO THE COMMISSIONER FOR PATENTS:**

Transmitted herewith is an amendment in the above-identified application.

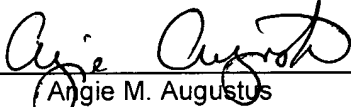
The fee has been calculated and is transmitted as show below.

**CLAIMS AS AMENDED**

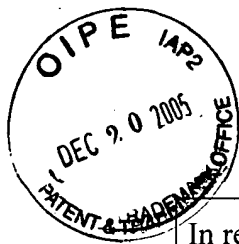
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	12	20	0	X \$50.00	\$00.00
INDEP. CLAIMS	1	3	0	X \$200.00	\$00.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$00.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$00.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. **07-1850** in the amount of **\$00.00**  
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of any necessary fees associated with this communication or credit any overpayment to Deposit Account No. **07-1850**  
A duplicate copy of this sheet is enclosed.
- ☐ Any additional filing fees required under 37 C.F.R. 1.16.
- ☐ Any patent application processing fees under 37 C.F.R. 1.17.

Dated: December 20, 2005  
 Squire, Sanders & Dempsey L.L.P.  
 1 Maritime Plaza, Suite 300  
 San Francisco, CA 94111  
 (415) 954-0200

  
 Angie M. Augustus  
 Reg. No. 51,421

cc: Docket



## THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Syed F. A. Hossainy	Examiner: Erma C. Cameron
Serial No.: 10/772,858	Art Unit: 1762
Filed: February 4, 2004	
Title: Methods of Coating Implantable Medical Devices	

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE TO OFFICE ACTION**

Dear Examiner Cameron:

This responds to the Office Action dated September 20, 2005.

The Amendment to the Specification begins on page 2 of the response.

The Amendments to the Claims begin on page 3 of the response.

Remarks begin on page 5 of the response.